



Freeport-McMoRan Oil & Gas
201 S. Broadway
Orcutt, CA 93455

Telephone: 805-934-8200

August 22, 2014

Mr. Jared Blumenfeld
Regional Administrator
EPA, Region 9
NPDES/DMR, WTR-7
75 Hawthorne Street
San Francisco, CA 94105-3901

Re: Discharge Monitoring Report - Platform Irene NPDES Permit CAG280000

Dear Mr. Blumenfeld:

This letter and its attachments represent the quarterly Discharge Monitoring Report (DMR) for the months of May, June, and July 2014 for Platform Irene.

Included are the following attachments:

Attachment 1 is comprised of the EPA DMR forms 3320-1 for the normal quarterly monitoring activities including the drilling DMR.

Attachment 2 is a listing of the chemical inventory for miscellaneous discharges (specifically, fire water) as required by II.F. of the subject permit.

Attachment 3 provides required pre-dilution and the post-dilution chlorine results for combined non-contact cooling water and fire water discharges in accordance with Appendix C of the permit.

Attachment 4 includes copies of the official state certified lab reports, including laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.).

The following is a brief summary of some of the monitoring and reporting parameters affecting the various discharges:

Dear Mr. Blumenfeld
August 22, 2014
Page 2 of 3

Drilling Fluids and Drill Cuttings (Discharge 001):

There were no drilling activities during this quarter.

Produced Water (Discharge 002):

Platform Irene had no produced water discharges for this period. Produced water is currently injected.

Well Treatment, Completion and Workover Fluids (Discharge 003):

There were no well treatment, completion and workover fluid jobs performed during this quarter.

Non-Contact Cooling Water and Fire Water (Discharge 008 & 009):

Platform Irene periodically adds small amounts of chlorine to the fire water which is combined with non-contact cooling water, and the quarterly monitoring results for the combined discharge are listed in the DMR. Attachment 3 summarizes the official quarterly chlorine results, including post-dilution and end of pipe results.

The numeric values for chlorine reported in the DMR are post dilution values (using the lab results and the EPA Plumes UM model) for comparison to the limits listed in Appendix C of the permit.

FM O&G uses an independent contractor to collect NPDES compliance monitoring samples at our offshore platforms. EPA sampling, preservation and documentation protocol is a strict requirement of our monitoring program.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Dear Mr. Blumenfeld
August 22, 2014
Page 3 of 3

If you should have any questions or require additional information, please contact me at (805) 934-8220.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Rose', with a stylized, cursive script.

David Rose
Manager, Environmental, Health & Safety

Attachment(s)

cc: Ms. Susan Zaleski, Bureau of Ocean Energy Management
Ms. Alison Dettmer, California Coastal Commission
Mr. James Salmons, Bureau of Safety Environmental Enforcement
Platform Irene Foremen

Platform Irene

Attachment 1

EPA DMR
PERMIT NO. CAG280000

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD
YR MO DAY YR MO DAY
From: 14 05 01 To: 14 07 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
DRILLING FLUIDS VOLUME											
Well # N / A	Measurement Permit Requirement		No Discharge	Barrels/ Well/ Month						1/Well 1/day	Estimate
May	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Month							
Well # N / A	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter							
June	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter						1/Well 1/day	Estimate
Well # N / A	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter							
July	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter						1/Well 1/day	Estimate
DRILLING FLUIDS VOLUME											
Quarterly Total	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter						0	
Well # N / A	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter							
May - July	Sample Measurement Permit Requirement		No Discharge	Barrels/ Well/ Quarter							
DRILLING FLUIDS VOLUME											
Annual Cumulative Volume Limit	Sample Measurement Permit Requirement		0	Barrels/ Year						0	
03/01/2014 - 02/28/2015	Sample Measurement Permit Requirement		105,000	Barrels/ Year							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
David Rose Manager, Environmental, Health and Safety											
TYPED OR PRINTED											
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)											

Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000
PERMIT NO.

001
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

PLATFORM IRENE
LOCATION: 34° 36' 26" N, 120° 43' 40" W

MONITORING PERIOD
YR MO DAY YR MO DAY
From: 14 05 01 To: 14 07 31


DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
DRILL CUTTINGS VOLUME Well # N / A			No Discharge	Barrels/ Well/ Month						Estimate
May - July										
DRILL CUTTINGS VOLUME Annual Cumulative Volume Limit ₁	Sample Measurement Permit Requirement		0	Barrels/ Year				0		
03/01/2014 - 02/28/2015			30,000							
DRILL FLUIDS/CUTTINGS FREE OIL										
May	Sample Measurement Permit Requirement				No Discharge		# Days Sheen Observed		1/well 1/day	Visual
June	Sample Measurement Permit Requirement				No Discharge		# Days Sheen Observed		1/well 1/day	Visual
July	Sample Measurement Permit Requirement				No Discharge		# Days Sheen Observed		1/well 1/day	Visual
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
David Rose Manager, Environmental, Health and Safety										
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)										
Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.										

Approved Form
OMB No. 2000-0015

DRILLING FLUIDS AND DRILL CUTTINGS (001)

PARAMETER		Quantity or Loading				Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units						
DRILLING FLUIDS TOXICITY Well # N / A	Sample Measurement					N / A		% by Volume	0	(0 - 80%) Well Footage	Grab			
DRILLING FLUIDS TOXICITY Well # N / A	Permit Requirement					LC50 > 3% SPP								
	Sample Measurement					N / A		% by Volume						
	Permit Requirement					LC50 > 3% SPP								
BARITE MERCURY	Sample Measurement					N / A		mg / kg	0	Stock Barite	Grab			
	Permit Requirement					1.0				Stock Barite	Grab			
	Sample Measurement					N / A		mg / kg	0	Stock Barite	Grab			
BARITE CADMIUM	Permit Requirement					3.0				Stock Barite	Grab			
	Sample Measurement					N / A			0	Each Mud System				
	Permit Requirement					Report				Each Mud System				
DRILL FLUIDS CHEMICAL INVENTORY Well # N / A	Sample Measurement					N / A				# Days Each				
	Permit Requirement					Report				# Days Each				
	Sample Measurement					N / A				# Days Each				
NO. DAYS DISCHARGE FOR EACH DRILLING FLUID Mud Type: N / A	Permit Requirement					Report				N/A				
	Sample Measurement					N / A			0	N/A				
	Permit Requirement					N / A				N/A				
PROHIBITED DISCHARGES 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings	Sample Measurement					No Discharge								
	Permit Requirement					No Discharge								
	Sample Measurement					No Discharge								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>(CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL, PROPERLY TRAINED AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, CAN THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. § 1001 AND 32 U.S.C. § 1315. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 3 YEARS)</small>							TELEPHONE		DATE			
David Rose Manager, Environmental, Health and Safety									Area Code		Number		MONTH/DAY/YEAR	
									(805) 934-8220		08 22		2014	
TYPED OR PRINTED														

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Freeport-McM/Ran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

002
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD			
YR	MO	DAY	YR
From: 14	05	01	To: 14
			07 31

PRODUCED WATER (002)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
PRODUCED WATER FLOW RATE		No Discharge		Monthly Average bbl/Day						
QUARTERLY AVERAGE Volume	May - July	No Discharge		Quarterly Average bbl/Day					1/day	Estimate
ANNUAL CUMULATIVE Volume	May - July	N/A		Barrels/Year				0	1/quarter	Estimate
03/01/14 - 02/28/15	Sample Measurement Permit Requirement		55,845,000						1/quarter	Estimate
PRODUCED WATER OIL & GREASE	Sample Measurement Permit Requirement				No Discharge	No Discharge				
May - July					29.0	42.0	mg/L		1/week	Grab
PRODUCED WATER CONSTITUENTS				lbs/day	No Discharge	No Discharge			1/month for 1 year	Grab
					*N/A	*N/A				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
David Rose Manager, Environmental, Health and Safety										
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)										
No discharge of produced water.										
Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.										
*N/A: Pending Reasonable Potential analysis.										
EPA Form 3320-1 (Rev.9-88) Previous editions may be used.										

(Replaces EPS Form T-40 which may not be used.)

File: DMR002.xls

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000
PERMIT NO.

003
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 05 01			To: 14 07 31		

**WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)**

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			Units	NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Barrels / Job	Minimum	Average	Maximum				
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS, TYPE AND TOTAL NUMBER OF JOBS	Sample Measurement Permit Requirement	0									
	Report										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC SHEEN	Sample Measurement Permit Requirement					No Discharge		# Times Sheen Observed		1/dischARGE	Grab
	Report										
May	Sample Measurement Permit Requirement					No Discharge		# Times Sheen Observed		1/dischARGE	Grab
	Report										
June	Sample Measurement Permit Requirement					Negative Static Sheen Test - # Times observed=None		# Times Sheen Observed		1/dischARGE	Grab
	Report										
July	Sample Measurement Permit Requirement					No Discharge		# Times Sheen Observed		1/dischARGE	Grab
	Report										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory	Sample Measurement Permit Requirement					N/A					
	Report										
May - July	Sample Measurement Permit Requirement					Report				1/job	Report
	Report										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 28 U.S.C. § 1319. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$50,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 YEARS AND 5 YEARS.									
David Rose Manager, Environmental, Health and Safety											
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT									
		TELEPHONE									
		DATE									
		Area Code Number									
		MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Well Treatment and Completion & Workover Fluids are combined with production and not discharged.
N / A: No WTCF this quarter.

Freepoint-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

CAG280000
PERMIT NO.

004
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD			
YR	MO	DAY	YR
From: 14	05	01	To: 14
			07 31

DECK DRAINAGE (004)
(omit incl with produced water)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE	Sample Measurement Permit Requirement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate
	Sample Measurement Permit Requirement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate
	Sample Measurement Permit Requirement	Report								
June	Sample Measurement Permit Requirement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate
	Sample Measurement Permit Requirement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate
	Sample Measurement Permit Requirement	Report								
July	Sample Measurement Permit Requirement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate
	Sample Measurement Permit Requirement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate
	Sample Measurement Permit Requirement	Report								
DECK DRAINAGE FREE OIL	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
June	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
July	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		IDENTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1381. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR A MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS.								
David Rose Manager, Environmental, Health and Safety										
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT								
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		Area Code Number								
		(805) 934-8220 08 22 2014								
		MONTH-DAY-YEAR								

Deck drains are commingled with produced water and are not discharged at this time.

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

005
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD							
YR	MO	DAY	YR	MO	DAY		
From: 14		05	01	To: 14		07	31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			(if card only)			Quality or Concentration			N.O. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units					
SANITARY & DOMESTIC WASTES FLOW RATE (Commingled)	Sample Measurement	47.5		Monthly Average					0		1/day	Estimate	
	Permit Requirement	Report		bb/day							1/month	Estimate	
	Sample Measurement	52.0		Monthly Average					0		1/day	Estimate	
	Permit Requirement	Report		bb/day							1/month	Estimate	
	Sample Measurement	53.8		Monthly Average					0		1/day	Estimate	
	Permit Requirement	Report		bb/day							1/month	Estimate	
SANITARY & DOMESTIC WASTES FOAM & FLOATING SOLIDS (Commingled)	Sample Measurement	0		# days observed	No foam or floating solids in the receiving waters.				0		1/day	Visual - Daylight	
	Permit Requirement	0		# days observed	No foam or floating solids in the receiving waters.						1/day	Visual - Daylight	
	Sample Measurement	0		# days observed	No foam or floating solids in the receiving waters.				0		1/day	Visual - Daylight	
	Permit Requirement	0		# days observed	No foam or floating solids in the receiving waters.						1/day	Visual - Daylight	
	Sample Measurement	0		# days observed	No foam or floating solids in the receiving waters.				0		1/day	Visual - Daylight	
	Permit Requirement	0		# days observed	No foam or floating solids in the receiving waters.						1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER													
David Rose Manager, Environmental, Health and Safety													
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)													
TYPED OR PRINTED													
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT													
TELEPHONE													
DATE													
Area Code Number													
MONTH/DAY/YEAR													

Freeport-McMoran Oil & Gas
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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DISCHARGE NO.

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	05	01		To: 14	07 31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Requirement	Quantity or Loading			Quality or Concentration			Units	NO. EX. (62-53)	Frequency Analysis (64-58)	Sample Type (69-70)
		Average	Maximum	Units	Minimum	Average	Maximum				
DOMESTIC WASTE VOLUME (FOAM N/A (Commingled with Sanitary))	Sample Measurement					N/A					
	Permit Requirement					No foam in the receiving waters.				1/day	Visual - Daylight
	Sample Measurement					N/A					
May	Permit Requirement					No foam in the receiving waters.				1/day	Visual - Daylight
	Sample Measurement					N/A					
	Permit Requirement					No foam in the receiving waters.					
June	Sample Measurement					N/A					
	Permit Requirement					No foam in the receiving waters.					
	Sample Measurement					N/A					
July	Permit Requirement					No foam in the receiving waters.				1/day	Visual - Daylight
	Sample Measurement					N/A					
	Permit Requirement					N/A					
SANITARY / DOMESTIC WASTE RESIDUAL CHLORINE ¹	Sample Measurement					1 mg/l	10 mg/l	mg/l	0	Monthly	Grab
	Permit Requirement					N/A	N/A				
	Sample Measurement					N/A	N/A				
June	Permit Requirement					1 mg/l	10 mg/l	mg/l	0	Monthly	Grab
	Sample Measurement					N/A	N/A				
	Permit Requirement					N/A	N/A				
July	Sample Measurement					1 mg/l	10 mg/l	mg/l	0	Monthly	Grab
	Permit Requirement					N/A	N/A				
	Permit Requirement					N/A	10 mg/l				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL, PROPERLY TRAINED AND EVALUATED, HAVE BEEN RESPONSIBLE FOR THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS SEE 18 U.S.C. § 1001 AND 21 U.S.C. § 1010. PERMITTEES UNDER THESE STATUTES MAY INCUR FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 YEARS AND 15 YEARS.									
David Rose Manager, Environmental, Health and Safety											
TELEPHONE		DATE		Area Code		Number		MONTH-DAY-YEAR			
				(805) 934-8220		08 22		2014			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
¹ The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000)

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG2800000
PERMIT NO.

008
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 05 01			To: 14 07 31		

FIRE CONTROL WATER (008)

form included with non-contact cooling water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS May	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No floating solids in the receiving water.					1/day	Visual - Daylight
	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
June	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
July	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
FIRE CONTROL SYSTEM TEST WATER 1 Chemical Inventory May - July	Sample Measurement			See Attachment #2, Chemical Inventory				0	1/month	List
	Permit Requirement			Report					1/month	List
	Sample Measurement									
	Permit Requirement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. 1001 AND 23 U.S.C. 1318. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$25,000 AND OR IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.								
David Rose Manager, Environmental, Health and Safety										
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code	Number
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)										

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

009
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


PLATFORM IRENE

LOCATION: 34° 36' 26" N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 05 01			To: 14 07 31		

NON-CONTACT COOLING WATER (009)
(Commingled with Fire Water)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) - FLOW VOLUME	Sample Measurement	150	Barrels/Day					0	1/month	Estimate
	Permit Requirement	Report							1/month	Estimate
	Sample Measurement	150	Barrels/Day					0	1/month	Estimate
June	Permit Requirement	Report							1/month	Estimate
	Sample Measurement	150	Barrels/Day					0	1/month	Estimate
	Permit Requirement	Report							1/month	Estimate
July	Sample Measurement									
	Permit Requirement	Report							1/month	Estimate
	Sample Measurement									
NON-CONTACT COOLING WATER (009) - FOAM FLOATING SOLIDS	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No floating solids in the receiving water.					1/day	Visual - Daylight
	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
June	Permit Requirement	0		No floating solids in the receiving water.					1/day	Visual - Daylight
	Sample Measurement			No floating solids in the receiving water.						
	Permit Requirement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
July	Sample Measurement			No floating solids in the receiving water.						
	Permit Requirement	0		No floating solids in the receiving water.					1/day	Visual - Daylight
	Sample Measurement			No floating solids in the receiving water.						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
David Rose Manager, Environmental, Health and Safety										
TYPED OR PRINTED		TELEPHONE								
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		DATE								
		MONTH-DAY-YEAR								

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

009
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM IRENE


LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	05	To:	14	07
	01			31	

NON-CONTACT COOLING WATER (009)

(Commingled with Fire Water)

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quantity or Concentration			NO. EX.	Frequency Analysis	Sample Type									
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units												
NON-CONTACT COOLING WATER (009) - CHLORINE ^{1,2}	Requirement				< 0.0004	< 0.0004	mg/L	0	1/quarter	Grab									
					0.0053	0.0130			1/quarter	Grab									
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY May - July	Sample Measurement Permit Requirement				See Attachment #2, Chemical Inventory			0	1/m onth	List									
					Report				1/m onth	List									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 5119. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR A MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS.																	
David Rose Manager, Environmental, Health and Safety																			
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT																	
		Area Code Number																	
		TELEPHONE DATE																	
		(805) 934-8220 08 22 2014																	
		MONTH/DAY/YEAR																	
TYPED OR PRINTED																			
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)																			

¹ Fire control system test water comes from the same source as non-contact cooling water and is commingled and discharged with non-contact cooling water.
² Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

Freeport-McMurrin Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

CAG280000
PERMIT NO.

019
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
WELL DISCHARGE MONITORING REPORT (Well DMR)

EXCESS CEMENT SLURRY (019)

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 05 01			To: 14 07 31		

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Permit Requirement	Quantity or Loading			Quality or Concentration			NO. EX. Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units		
EXCESS CEMENT SLURRY (019)	Sample Measurement Permit Requirement	No Discharge	Monthly Average bbl/day						
EXCESS CEMENT SLURRY (019)	Sample Measurement Permit Requirement	0	Barrels/Year					0	
ANNUAL CUMULATIVE VOLUME ¹	Permit Requirement	2,500							
03/01/2014 - 02/28/2015									
EXCESS CEMENT SLURRY (019)	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No foam or floating solids No Oil	No Discharge				1/well 1/day Visual Rec. Water
SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS May	Sample Measurement Permit Requirement	0							
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No foam or floating solids No Oil	No Discharge				1/well 1/day Visual Rec. Water
June	Sample Measurement Permit Requirement	0							
	Sample Measurement Permit Requirement	No Discharge	# Days Sheen Observed	No foam or floating solids No Oil	No Discharge				1/well 1/day Visual Rec. Water
July	Sample Measurement Permit Requirement	0							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
David Rose Manager, Environmental, Health and Safety									
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		Area Code Number							
Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.		MONTH/DAY/YEAR							

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

CAG280000
PERMIT NO.

006,007,010,011,012,013,014
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

PLATFORM IRENE
LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14		05	01	To: 14	
				07	
				31	

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media
NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement	Quantity or Loading			Quality or Concentration			Units	NO. EX. Analysis	Frequency	Sample Type			
		Average	Maximum	Units	Minimum	Average	Maximum							
1006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1 month	Visual			
	Permit Requirement				No free oil or floating solids in the receiving water.					1 discharge	Rec. Water			
	Requirement				No foam, in other than trace amounts, in the receiving water.					1 month	Visual			
1007) Desalination Unit FOAM, FLOATING SOLIDS	Sample Measurement				No floating solids in the receiving water.				0	1 discharge	Rec. Water			
	Permit Requirement				No foam, in other than trace amounts, in the receiving water.					1 month	Visual			
	Requirement				No foam, in other than trace amounts, in the receiving water.					1 discharge	Rec. Water			
1010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1 month	Estimate /			
	Permit Requirement				No free oil or floating solids in the receiving water.					1 discharge	Visual Daylight			
	Requirement				No foam, in other than trace amounts, in the receiving water.									
1011) Bilge Water FLOW RATE	Sample Measurement				No Discharge					1 month	Estimate			
	Permit Requirement				No free oil or floating solids in the receiving water.					1 discharge				
	Requirement				No foam, in other than trace amounts, in the receiving water.									
1012) Boiler Blowdown FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1 month	Visual			
	Permit Requirement				No floating solids in the receiving water.					1 discharge	Rec. Water			
	Requirement				No foam, in other than trace amounts, in the receiving water.									
1013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1 month	Estimate /			
	Permit Requirement				No free oil or floating solids in the receiving water.					1 discharge	Visual Daylight			
	Requirement				No foam, in other than trace amounts, in the receiving water.									
1014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1 month	Visual			
	Permit Requirement				No free oil or floating solids in the receiving water.					1 discharge	Rec. Water			
	Requirement				No foam, in other than trace amounts, in the receiving water.									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER														
David Rose Manager, Environmental, Health and Safety														
DIRECTION ON SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL, PROPERLY TRAINED AND EVALUATED, THE INFORMATION SUBMITTED, BASED ON ANY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF ANY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 19 U.S.C. § 100 AND 30 U.S.C. § 110. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS.														
TYPED OR PRINTED														
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)														
Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT														
Area Code Number														
TELEPHONE DATE														
(805) 934-8220 08 22 2014														
MONTH/DAY/YEAR														

* See Attachment 2 for Chemical Inventory, if discharged and chemically treated.

Freeport-McMoran Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000
PERMIT NO.


015, 016, 017, 018, 020, 021
DISCHARGE NO.

MONITORING PERIOD
YR MO DAY YR MO DAY
From: 14 05 01 To: 14 07 31

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled with produced water)
Muds, Cuttings, Cement at Sea
Hydrotest Water

PLATFORM IRENE
LOCATION: 34° 36' 26" N, 120° 43' 40" W

NOTE: Read instructions before completing this form.

PARAMETER	Sample Measurement Requirement	Quantity or Loading		Quality or Concentration			Units	NO. Frequency EX. Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum			
10151 Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge				
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.			1/month	Visual Rec. Water
10161 Uncontaminated Water FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge				
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.			1/month	Visual Rec. Water
10171 Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement				No Discharge				
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.			1/month	Visual Rec. Water
10181 Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with produced water)	Sample Measurement				N/A				
	Permit Requirement				(refer to produced water requirements) No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.			1/month	Visual Rec. Water
10201 Muds, Cuttings, Cement at Sea Floor FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge				
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.			1/month	Visual Rec. Water
10211 Hydrotest Water* FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement		No		No Discharge				
	Permit Requirement		Discharge		No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.			1/month	Visual Rec. Water
10211 Hydrotest Water* CHLORINE	Sample Measurement				No	No			
	Permit Requirement		Report		Discharge	Discharge		1/month	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		Report			N/A	N/A		1/month	Visual Rec. Water
David Rose Manager, Environmental, Health and Safety									
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		Area Code Number MONTH/DAY/YEAR							

* See Attachment 2 for Chemical Inventory, if discharged and chemically treated.

Approved Form
OMB No. 2000-0015

LOCATION: 34° 36' 26"N, 120° 43' 40" W

H2S Gas Processing Waste Water

NOTE: Read instructions before completing this form.

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Attachment 2

Chemical Inventory

**ATTACHMENT 2
PLATFORM IRENE
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
May 1, 2014 through July 31, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> ¹ (Monthly avg gal per day)	<u>Average End-of-Pipe Concentration</u> (mg/l)
009 Non-contact Cooling Water ²		Chlorine		
May	150		0.003	0.5
June	150		0.003	0.4
July	150		0.003	0.5
008 Fire Control System Water ²		Chlorine		
May	6,749		0.142	0.5
June	7,602		0.128	0.4
July	6,907		0.145	0.5
013 Test Fluids	No Discharge	N / A	None	None
017 Water Flooding Discharges	No Discharge	N / A	None	None
021 Hydrotest Water	No Discharge	N / A	None	None

¹ End-of-pipe concentration and chemical quantity calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). This method is not an official EPA test method, but using this data better represents the chemical inventory values from month to month since the official EPA test method is required only quarterly.

² Non-contact cooling water and Fire control system water discharges are combined (refer to cover letter).

N / A: No treatment chemicals used / no discharge.

Attachment 3

Non-Contact Cooling Water / Fire Water Chlorine Results

**ATTACHMENT 3
PLATFORM IRENE
QUARTERLY NON-CONTACT COOLING / FIRE WATER CHLORINE RESULTS
May 1, 2014 through July 31, 2014**

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit , Post Dilution</u> (mg/l)	<u>Maximum Daily Limit , Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration (EPA Method 330.5)</u> (mg/l)	<u>EPA Plumes Dilution</u>
<u>Sample Date: 07/08/14</u>						.
008/009 Non-contact Cooling Water and Fire Control System Water combined	Once/Quarter	0.00526	0.013	< 0.0004	< 0.05	122:1 .

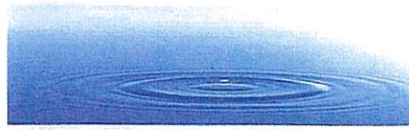
¹ Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

Non-contact cooling water and fire water discharges are combined (refer to cover letter).

Attachment 4

Laboratory Reports

Laboratory Quality Control Reports



LTS ENVIRONMENTAL, INC.

Freeport McMoRan Oil & Gas
201 S. Broadway
Orcutt, Ca 93455

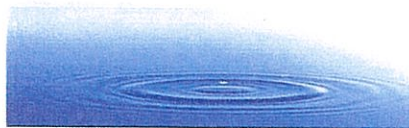
July 21, 2014

Attn: David Rose

Quarterly NPDES chlorine residual result on the fire water / non-contact cooling water discharge was as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
	Platform Irene	<u>End of Pipe</u>
July 8, 2014 @ 1000 hrs	Firewater / Non contact cooling water combined	< 0.05 mg/l
LTS Meter S/N: 12040E195572 Technician: Cole Jenkins		Method Blank < 0.05 mg/l

S.G. Lawry
Environmental Specialist / LTS




LTS ENVIRONMENTAL, INC.

August 13, 2013

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date August 12, 2013	Total Residual Chlorine <i>(EPA Method 330.5)</i>
LTS meter (SN 041200088375)	2.78 mg/l
LTS meter (SN 12040E195572)	2.74 mg/l
RT Corporation test sample:	
Certified Value	2.35 mg/l (+/-0.0508)
Standard Deviation	0.208 mg/l
Acceptance Limits	1.73 – 2.98 mg/l
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	


S.G. Lawry
Environmental Specialist
President, LTS